(November 2002)

Political Organization Report of Contributions and Expenditures

OMB No 1545-1696

Department of the Treasury Internal Revenue Service

► See Seperate instructions.

<u>A</u>	For the period beginning	January 1		,20 13	and ending	June 30	, 20 1	3
В	Check applicable boxes	Intial report		Change of address	Amended	report	✓ Final re	eport
1	Name of organization				7,111011000	, ' 	dentification	
Res	tore Wisconsin's Image an	d Reputation				45 49		
2	Mailing address (P O Box or n		n or s	suite number)	-	10,10		
361	8 Spring TRL	, ,		,				
-	City or town, state, and ZIP co	de		<u> </u>	_			
Mad	lison, Wi 53711-2920	40						
3	E-mail address of organization					4 Date org	anization wa	as formed
-	tinedandrews@yahoo.com					1 -	ril 2, 2012	
	Name of custodian of records		5h	Custodian's address		1 26	111 2, 2012	
Ja	Name of custodian of records		30	N73W5341 Georg	otown Dr			
lan	nes A. Blank			1473143341 Georg	etown Di.		CEIVE	P;
Jan	ies A. Blank	ļ		Cedarburg, WI 53	012-1527			~~ O
	No.		OI:	0		121		160
vа	Name of contact person		6b	Contact person's add	aress	2 JN	L 0 8 2	U13 ' 📉
Mai	ris D. Andrews			3618 Spring TRL				<u>} 4</u>
IVIO	IIS D. Andlews			Madison, WI 5371	1-2920	l OG	DEN, L	JT
	Ducinose address of organizati	an lif different from ma	l	addraga shawa shawa	Normalism should sold			
7	Business address of organizati	on (ii dinerent from mai	iirig a	address snown above)	Number, street, and	room or suite i	iumber	
	City or town state and ZID as	٠				·		
	City or town, state, and ZIP co	ae						
	Time of report (shook only one	haul				·		
0	Type of report (check only one	DOX)						
					t for the month of			
а	, First quarterly report (due	oy April 15)_			20th day following the port, which is due by		vn above, e	except the
					port, William is and by	bandajy 01)		
b	Second quarterly report (d	ue by July 15)		g Pre-election r	eport (due by the 12ti	h or 15th day b	efore the el	ection)
				(1) Type of e	lection			
С	☐ Third quarterly report (due	by October 15)		(2) Date of el	lection			
	_			(3) For the st	ate of			
d	Year-end report (due by Ja	anuary 31)						
				h Post-general	election report (due b	y the 30th day	after genera	il election)
е	✓ Mid-year report (Non-elect	ion		(1) Date of el	lection			
	year only-due by July 31)			(2) For the st	ate of			
								0
9	Total amount of reported contr	butions (total from all a	ttach	ned Schedules A).		9		U
	·	`		,, .				0
10	Total amount of reported expe	nditures (total from all a	ttach	ned Schedules B)		10		U
	Under penalties of perjury, I	declare that I have examine	d this	report including accomp	anving schedules and sta	atements and to	the best of my	knowledae
Si~	and belief, it is true, correct.	and complete		, ,	,	,		·····ougo
Sig	1 (4					Λ 1		
He	re Lawred	5 U. 1 Olan	Л.		k	July	1,00	13
	Sygnaty re of authoriz	ed official			Day		7	
For i	Paperwork Reduction Act Noti	ce, see separate instr	uctio	ns.	Cat No 30406G		Form 8872	(11-2002)
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SCANNIED JUN 8 0 2013

Schedule A <u>Itemized Contributions</u> Name of organization	Schedule A page 1 of 1 Employer identification numb	
Restore Wisconsin's Image and Reputation	45 4939480	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date > \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributes -	Date of contribution
Contributor's name, mailing address and ZIP code	Aggregate contributions year-to-date ▶ \$ Name of contributor's employer	Amount of contribution
John Dutor S Harrie, maining address and ZIF Code		Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date . ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	year-to-date > \$ Name of contributor's employer	Amount of contribution
	Contributor's occupation	
	Aggregate contributions year-to-date ▶ \$	Date of contribution

Schedule B Itemized Expenditures		Schedule B page 1 of 1		
Name of organization	Employer identification number			
Restore Wisconsin's Image and Reputation	Name - 6	45 4939480		
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure		
Associated Bank 202 State Street	NA	\$ 5.00		
Madison, WI 54501	Recipient's occupation	Date of expenditure		
	NA	·		
Purpose of expenditure		1/14/2013		
Bank service fee.				
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure		
Associated Bank	NA			
202 State Street		\$ 5.00		
Madison, WI 54501	Recipient's occupation	Date of expenditure		
	NA	2/14/2013		
Purpose of expenditure		117,2010		
Bank service fee.				
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure		
Associated Bank	NA	s 5.00		
202 State Street Madison, WI 54501	Recipient's occupation	\$ 5.00 Date of expenditure		
nadison, Wi 54501		bate of expenditure		
	NA	3/14/2013		
Purpose of expenditure		•		
Bank service fee.				
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure		
		Amount of expenditure		
Associated Bank 202 State Street	NA	\$ 5.00		
Madison, WI 54501	Recipient's occupation	Date of expenditure		
	NA			
Purpose of expenditure		4/14/2013		
•				
Bank service fee.				
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure		
Associated Bank	NA			
202 State Street		\$ 5.00		
Madison, WI 54501	Recipient's occupation	Date of expenditure		
	NA	5/14/2013		
Purpose of expenditure				
Bank service fee.				
Decipients name and in addition of 200	Name of recipient's employer			
Recipient's name, mailing address and ZIP code	Amount of expenditure			
Associated Bank 202 State Street	NA	\$ 5.00		
Madison, WI 54501	Recipient's occupation	Date of expenditure		
•	NA			
	NA .	6/14/2013		
Purpose of expenditure				
Bank service fee.				
Subtatal of expanditures reported as the same	only. Enter here and also include the account.	total an		
Subtotal of expenditures reported on this page of line 10 of Form 8872	only Enter here and also include this amount in the	total on ▶ \$ 30.00		
	₩	Form 8872 (11-2002)		